

2001 UNIFORM BUSINESS REPORT (UBR)

0014070 AF

DOCUMENT # **L00000009563**

1. Entity Name
AMARTHI, LLC

FILED

01 MAR -1 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7804 FAIRWAY LANE
WEST PALM BEACH FL 33412

Mailing Address
7804 FAIRWAY LANE
WEST PALM BEACH FL 33412



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERNSTEIN, ALAN
4869 OKEECHOBEE BLVD
WEST PALM BEACH FL 33417

Name **ARUNACHALAM THENAPPAN**
Street Address (P.O. Box Number is Not Acceptable)
7804 FAIRWAY LANE
City **West Palm Beach** FL Zip Code **33412**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE-NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME **ARUNACHALAM THENAPPAN** Delete **mem.**
STREET ADDRESS **7804 FAIRWAY LANE**
CITY-ST-ZIP **WEST PALM BEACH FL 33412**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME **ANNAPOORNA ARUNACHALAM** Delete **mem.**
STREET ADDRESS **7804 FAIRWAY LANE**
CITY-ST-ZIP **WEST PALM BEACH FL 33412**

TITLE NAME **000003818970** Change Addition
STREET ADDRESS **-03/08/01--01077--026**
CITY-ST-ZIP *******50.00 *****50.00**

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
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TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/5/01 (561)-625-5371

Date

Daytime Phone #

CR2E083 (11/00)